

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/043649

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5	1		1			
6	1		1			
7		1		1		
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17				2		
18				1		
19				1		
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50						
TOTAL IND.	9		3			
TOTAL DEP.	7		6			
TOTAL CLAIMS	16		9			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS